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ABSTRACT

After defining HIV and the AIDS disease and outlining symptoms and means of infection, this fact sheet lists the ways alcohol and drugs are involved with the AIDS epidemic, noting that needle-sharing transmits the virus; that alcohol or mood-altering drugs like crack cocaine cause disinhibition, increase sex drive, encourage sex for drugs, and affect judgment; that drugs and alcohol may be biological co-factors causing HIV to progress to AIDS; that many people with HIV infection are diagnosed when seeking treatment for chemical dependence and may have symptoms related to HIV infection, such as pain, anxiety, nausea, and fever; and that HIV is sometimes associated with relapse into alcohol or other substance abuse in people who have had a period of sobriety. The sheet concludes by outlining commonly-used and new blood tests for diagnosing HIV, and by discussing medical, psychological, nutritional, and lifestyle means of managing AIDS infection. Chemical dependency professionals have the expertise necessary to provide supportive, nurturing, and successful healthcare for those with HIV infections and AIDS. (MSF)

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AIDS and Chemical Dependency

by Melvin I. Pohl

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New Jersey Alcohol / Drug
RESOURCE CENTER AND CLEARINGHOUSE
Center of Alcohol Studies, Rutgers University

AIDS AND CHEMICAL DEPENDENCY

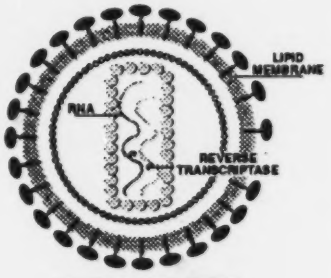
Melvin I. Pohl, M.D.

Acquired Immunodeficiency Syndrome (AIDS) is the most serious epidemic facing our society today. AIDS, first recognized in a group of gay men in 1981, is responsible for hundreds of thousands of deaths worldwide.

AIDS is a disorder of the immune system caused by human immunodeficiency virus (HIV), formerly called HTLV-III. The immune systems of some individuals who are infected with HIV are subject to deterioration over time.

Initially, infection appears similar to a viral illness with fever, swollen lymph nodes, and body aches. After the initial infection, the virus enters specialized cells of the body's immune system (T-4 lymphocytes) and becomes dormant for a period of time. This period of dormancy is called the "incubation period."

Some people remain infected and without apparent symptoms for ten years or longer. Others become symptomatic over time with mild infections, swollen nodes, weight loss, fatigue, shortness of breath, diarrhea and mood changes. Still others go on to develop "full-blown AIDS." AIDS is defined by the occurrence of infections with germs that usually do not cause illness in people with normally functioning immune systems. These include Pneumocystis pneumonia, Toxoplasmosis, Cytomegalovirus and other serious viral bacterial, protozoal, or fungal infections. Other people with AIDS develop unusual forms of cancer such as Kaposi's Sarcoma (KS) or lymphoma. AIDS is also diagnosed if a person has HIV infection combined with evidence of infection of the brain (encephalopathy). HIV encephalopathy or dementia presents as problems with thinking,



HIV VIRAL STRUCTURE

judgement, memory, mood, and other brain functions. AIDS also can be diagnosed in HIV-positive people with "wasting syndrome", characterized by severe weight loss, fever, and diarrhea.

HIV is spread between people in two ways: 1) by sexual contact, when semen or vaginal fluid enters another person's body, or 2) by exchange of blood by transfusion or needle sharing. It is highly unlikely that enough virus is present in tears, saliva, sweat, urine or feces to cause transmission of HIV between people. To date, there are no reports of HIV infection caused by casual contact.

The majority of reported cases of AIDS in the United States occur in gay men. Many other cases occur in IV drug addicts. The number of cases in people whose only exposure is through heterosexual contact is increasing. Most cases of AIDS in children are caused by a mother with HIV infection who is either an IV drug addict, the sexual partner of an IV drug addict, or both.

Alcohol and drugs are involved with the AIDS epidemic in several ways:
1) Sharing a needle previously used by an infected addict transmits the virus in the blood left in the syringe and needle.
2) People under the influence of alcohol or mood-altering drugs tend not to practice the safe sexual behaviors that prevent HIV transmission. Specifically, crack use is associated with disinhibition, increased sex drive, and behaviors that encourage sex for drugs. Furthermore, people whose judgement is affected by drinking alcohol or smoking marijuana frequently have unsafe sex despite knowledge of the potential danger of risky sexual behaviors.
3) Medical scientists believe that drugs and alcohol may be co-factors causing HIV infection to progress to AIDS. Alcohol increases the susceptibility of T-cells to HIV infection. Cocaine increases the replication rate of HIV-infected cells.
4) Many people with HIV infection are diagnosed when seeking treatment for their chemical dependence. They may also have symptoms related to their HIV infection, such as pain, anxiety, depression, nausea, fever, and diarrhea. All of these symptoms may require mood-altering medications for control.
5) HIV infection is sometimes associated with relapse in people who have had a period of sobriety. Relapse is often related to receiving a positive HIV diagnosis, progression of the illness, and losses related to the illness.

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The blood test most commonly used for HIV is the *Elisa* test. Positive *Elisa* tests need to be confirmed by a more specific blood test called the *Western Blot Test*. Both tests identify antibodies to HIV rather than actual virus. We presume that people who test positive can transmit the virus to others. There is a lag time between infection and the development of antibodies. Typically, people develop antibodies within six weeks of infection, but sometimes it may take several months. In rare instances, some people do not develop antibodies to HIV at all after infection.

There are several newer methods to test for evidence of HIV infection including P-24 antigen and polymerase chain reaction (PCR). Both test for the presence of viral particles.

The decision to take an HIV test or to recommend that someone take such a test must be individualized. This decision should depend upon a person's ability to understand the implications of taking the test, and also on her or his psychological ability to deal with the results. Each person must make their own decision, with the assistance of knowledgeable counselors, if and when it is appropriate to take the test.

Once a disabling fatal illness, HIV infection and AIDS are now chronic manageable conditions for many, due principally to expertise in diagnosis and new treatments. Medical treatment of HIV includes antiviral substances such as Zidovudine (formerly AZT), DDI, DDC and others. These substances directly affect the ability of the virus to multiply itself. They appear to slow viral progression even before symptoms occur. Other substances that stimulate the immune system and counteract the effects of the virus include interferon and interleukin II. The third avenue of medical treatment is prevention of opportunistic infections. There are many experimental clinical trials available that are being undertaken through the public health service. For further information call the AIDS Clinical Trials Information Service at 1-800-TRIALS-A.

Medical interventions are an important part of caring for people with HIV and AIDS. Psychological, nutritional, and lifestyle changes also support a long and manageable course with HIV infection, supplementing medical interventions. One study suggested that patients do better if they accept the reality of their diagnosis, take personal responsibility for their health, find a new sense of meaning and purpose in life, and make a commitment to finish unfinished business. The study further showed that long-term survivors collaborated with the healthcare team, were physically fit, were assertive, could withdraw from taxing situations, were self-nurturing and had communication skills. Lastly, they involved themselves in social support networks with others who have the same illness.

Chemical dependency professionals have the necessary expertise to provide supportive, nurturing and successful healthcare for people with HIV infections and AIDS. People with HIV infection and their caregivers must treat HIV as a chronic manageable illness rather than as a death sentence. Looking only at the possibility of death may set up a chemically dependent person to relapse in the face of HIV disease.

Many people with AIDS and chemical dependence find that they can embrace the experience of living with these chronic illnesses. They find strength and health on this path, thus redirecting their lives, one day at a time.

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He is the co-author of
The Caregiver's Journey: When you love someone with AIDS.

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The New Jersey Alcohol/Drug Resource Center and Clearinghouse serves institutions of higher education, state agencies, communities and school districts throughout the state of New Jersey by providing technical assistance, training , and resources in alcohol and other drug abuse education and prevention. For more information on the Clearinghouse, call or write to:

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